

Quarterly Controlled Substance Inventory Form for
Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Yonkers Animal Shelter
Agent's Name Almira Simpson
Address 1000 Ridgehill Blvd
Yonkers State NY Zip 10710 County Westchester
Telephone Number 914-377-6730
Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2018
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>254.5</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>33</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>221.5</u> | |
| Number of Dogs Euthanized | <u>2</u> | |
| Number of Cats Euthanized | <u>4</u> | |
| Other Species Euthanized (specify) | <u>Goose</u> | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 4/4/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Almira Simpson

Signature of Officer of Society or Facility [Signature]

Date 4/4/18

Date 4/4/18

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

JUL 09 2018

Quarterly Controlled Substance Inventory Form for
Humane Societies
Bureau of Narcotic Enforcement

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 Agent's Name Almira Simpson
 Address 1000 Ridgehill Blvd
Yonkers State NY Zip 10710 County Westchester
 Telephone Number 914-377-6730
 Bureau of Narcotic Enforcement Certificate Number 10100
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2018
 Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>221.5</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>15.5</u> | |
| *Total Amount Lost | <u>20</u> | |
| Ending Amount on Hand | <u>186</u> | |
| | | |
| Number of Dogs Euthanized | <u>1</u> | |
| Number of Cats Euthanized | <u>4</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira SimpsonPrint Name: Almira SimpsonTo be completed by registered agent: I certify that on 7/3/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

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JAN 02 2018

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Facility Name Yonkers Animal Shelter
Agent's Name Almira Simpson
Address 1000 Ridge Hill Blvd
Yonkers State NY Zip 10716 County Westchester
Telephone Number 914 377-6730
Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>261.5</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>7</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>254.5</u> | |
| | | |
| Number of Dogs Euthanized | | |
| Number of Cats Euthanized | <u>3</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson
Print Name: Almira Simpson

To be completed by registered agent: I certify that on 12/29/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Almira Simpson
Signature of Agent
12/29/17
Date

S. Lawrence Sperry Comm.
Signature of Officer of Society or Facility
12/29/17
Date

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NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

SEP 29 2017

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Humane Societies

Bureau of Narcotic Enforcement

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Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>267.5</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>0</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>267.5</u> | |
| | | |
| Number of Dogs Euthanized | | |
| Number of Cats Euthanized | <u>2</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 9/27/17 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Almira Simpson

Signature of Officer of Society or Facility Stephen Lawrence, Society Comm.

Date 9/27/17

Date 9/27/17

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Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH JUL 03 2017
Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

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Telephone Number 914-377-6730
Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>279</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>1115</u> | |
| *Total Amount Lost | | |
| Ending Amount on Hand | <u>267.5</u> | |
| | | |
| Number of Dogs Euthanized | | |
| Number of Cats Euthanized | <u>5</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 6/29/17 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent [Signature]

Signature of Officer of Society or Facility [Signature]

Date 6/29/17

Date 6/29/17

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NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

APR 06 2017

Quarterly Controlled Substance Inventory Form for
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 Agent's Name Almira Simpson
 Address 1000 Ridge Hill Blvd
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 Bureau of Narcotic Enforcement Certificate Number 10100
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
 Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>288</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>0</u> | |
| *Total Amount Lost | | |
| Ending Amount on Hand | <u>279</u> | |
| | | |
| Number of Dogs Euthanized | | |
| Number of Cats Euthanized | <u>0</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira SimpsonPrint Name: Almira SimpsonTo be completed by registered agent: I certify that on 4/4/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.Signature of Agent Almira SimpsonDate 4/4/17Signature of Officer of Society or Facility S. Santone, Deputy Comm.Date 4/4/17

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Mail completed forms to: Bureau of Narcotic Enforcement
 Riverview Center
 150 Broadway
 Albany, NY 12204
 (866) 811-7957

JAN 06 2017

Bureau of Narcotic Enforcement

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DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>304</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>16</u> | |
| *Total Amount Lost | <u>288</u> | |
| Ending Amount on Hand | | |
| Number of Dogs Euthanized | <u>1</u> | |
| Number of Cats Euthanized | <u>3</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 12/30/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

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NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

SEP 2 9 00 AM
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Bureau of Narcotic Enforcement

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Facility Name Yonkers Animal Shelter
Agent's Name Almira Simpson
Address 1000 Ridge Hill Blvd
Yonkers State Ny Zip 10710 County Westchester
Telephone Number 914-377-6730
Bureau of Narcotic Enforcement Certificate Number 10 100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 1
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>320</u> | |
| Total Amount Received | | |
| Total Amount Utilized | <u>16 ml</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>304</u> | |
| Number of Dogs Euthanized | <u>1</u> | |
| Number of Cats Euthanized | <u>5</u> | |
| Other Species Euthanized (specify) | | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 9/27/10 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Almira Simpson
Signature of Agent

Stephen R. Rouse
Signature of Officer of Society or Facility

9/27/10
Date

9/27/10
Date

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Telephone Number 914-377-6730
Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016 April, May, June
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>324</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>4 ml</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>320</u> | |
| Number of Dogs Euthanized | <u>0</u> | |
| Number of Cats Euthanized | <u>3</u> | |
| Other Species Euthanized (specify) | <u>0</u> | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson
Print Name: Almira Simpson

To be completed by registered agent: I certify that on 6/28/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Almira Simpson

Date 6/28/16

Signature of Officer of Society or Facility Stephen Barone

Date 6/28/16

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Agent's Name Almira Simpson
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Telephone Number 914 377-6730
Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016 Jan, Feb, Mar,
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>324</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>0</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>324</u> | |
| Number of Dogs Euthanized | <u>0</u> | |
| Number of Cats Euthanized | <u>0</u> | |
| Other Species Euthanized (specify) | <u>0</u> | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 4/1/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Almira Simpson

Date 4/1/16

Signature of Officer of Society or Facility Stephen Barrow, Secretary/Com.

Date 4/1/16

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
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JAN 11 2016

Quarterly Controlled Substance Inventory Form for
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Bureau of Narcotic Enforcement

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Agent's Name Almira Simpson
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Telephone Number 914-377-6730
Bureau of Narcotic Enforcement Certificate Number 10100
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2015 Oct, Nov, Dec
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>354</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>30</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>324</u> | |
| Number of Dogs Euthanized | <u>3</u> | |
| Number of Cats Euthanized | <u>10</u> | |
| Other Species Euthanized (specify) | <u>0</u> | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson

Print Name: Almira Simpson

To be completed by registered agent: I certify that on 1/6/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Almira Simpson

Date 1/6/16

Signature of Officer of Society or Facility [Signature]

Date 1/6/16

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150 Broadway
Albany, NY 12204
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NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

OCT 13 2015

Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for
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DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2015 July, Aug, Sept
Circle correct quarter

| CONTROLLED SUBSTANCE | Mixture of Sod. Pentobarbital (Schedule III) | Ketamine (Schedule III) |
|------------------------------------|--|-------------------------|
| Previous Amount on Hand | <u>354</u> | |
| Total Amount Received | <u>0</u> | |
| Total Amount Utilized | <u>0</u> | |
| *Total Amount Lost | <u>0</u> | |
| Ending Amount on Hand | <u>354</u> | |
| Number of Dogs Euthanized | <u>0</u> | |
| Number of Cats Euthanized | <u>0</u> | |
| Other Species Euthanized (specify) | <u>0</u> | |

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Almira Simpson
Print Name: Almira Simpson

To be completed by registered agent: I certify that on 10/3/15 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Almira Simpson
Signature of Agent
10/3/15
Date

S. Kanne
Signature of Officer of Society or Facility
10/3/15
Date

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